Image# 12951887907				PAGE 1 / 22
	EPORT OF R ND DISBURS Other Than An Author	EMENTS	Office	Use Only
	PE OR PRINT ▼	Example: If typing, type	12FE4M5	
COMMITTEE (in full)		over the lines.	12FE4M5	
Skilled Healthcare Group	Inc. Political Action			
ADDRESS (number and street)	7442 Portola Parkway Suite 20	00		
Check if different than previously reported. (ACC)	└──		CA 926	10
2. FEC IDENTIFICATION NUMB			STATE	ZIP CODE
C C00442426	3. IS T REP	- V	R AMENDEI (A)	D
 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 	(b) Monthly Report Due On: (c) 12-Day Report PRE-Election Report for the:	(M3) Jun 20 (M	6) Sep 20 (M9) Dec 20 (M12) (Non-Election Vear Only) (Non-Election Year Only)
Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year	(d) 30-Day	n 06 / 05	2012	in the State of NM
Report (Non-election Year Only) (MY) Termination Report (TER)	POST -Election Report for the:	General (30G)	Runoff (30R)	Special (30S)
5. Covering Period 04	Election o 2012	through 05	16 2	State of 2012
I certify that I have examined this R Type or Print Name of Treasurer J	eport and to the best of my Ion Sadayasu	knowledge and belief it is	true, correct and comp	lete.
Signature of Treasurer	asu	[Electronically Filed]		223 / Y Y Y Y 2012
NOTE: Submission of false, erroneous	, or incomplete information m	ay subject the person signin	g this Report to the pena	lties of 2 U.S.C. §437g.
Office Use Only			FE	C FORM 3X Rev. 12/2004

05/23/2012 11 : 40

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

•	OF FEC Form 3X (Rev. 02/2003)	RECEIPTS AND DISBURSEMENTS	Page 2
۷	Vrite or Type Committee Name		
ę	Skilled Healthcare Group Inc. Politica	al Action Committee	
F	Report Covering the Period: From: 04	/ D D / Y Y Y Y Y 01 2012 To:	05 / D D / Y Y Y Y Y 05 16 2012
	_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2012		57136.59
	(b) Cash on Hand at Beginning of Reporting Period	73533.76	
	(c) Total Receipts (from Line 19)	9408.76	18805.93
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	82942.52	75942.52
7.	Total Disbursements (from Line 31)	11000.00	4000.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	71942.52	71942.52
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

×

		TAILED SUMMARY PAGE of Receipts	7
	FEC Form 3X (Rev. 06/2004)		Page 3
	Irite or Type Committee Name		
S	Skilled Healthcare Group Inc. Political	Action Committee	
R	eport Covering the Period: From:	/ D D / Y Y Y Y Y 01 2012 To:	05 / ¹⁶ / ²⁰¹²
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	8234.31	12845.32
	(ii) Unitemized (iii) TOTAL (add	, 1174.45	5960.61
	Lines 11(a)(i) and (ii)▶	9408.76	18805.93
	(b) Political Party Committees(c) Other Political Committees	0.00	0.00
	(such as PACs) (d) Total Contributions (add Lines	0.00	0.00
	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)▶	9408.76	18805.93
12.	Transfers From Affiliated/Other Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
. –	to Federal Candidates and Other Political Committees	0.00	0.00
	Other Federal Receipts (Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds	0.00	0.00
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))►	9408.76	18805.93
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)►	9408.76	18805.93

Image# 12951887909

DETAILED SUMMARY PAGE

II. Disbursements	COLUMN A	COLUMN B
(a) Allocated Federal/Non-Federal	Total This Period	Calendar Year-to-Date
Activity (from Schedule H4) (i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.0
(c) Total Operating Expenditures	0.00	
(add 21(a)(i), (a)(ii), and (b)) ►	0.00	0.0
Transfers to Affiliated/Other Party Committees	0.00	0.0
Contributions to Federal Candidates/Committees and Other Political Committees	10500.00	3500.00
Independent Expenditures		
(use Schedule E) Coordinated Party Expenditures	0.00	0.0
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)	0.00	7 7 7
(d) Total Contribution Refunds(add Lines 28(a), (b), and (c))	0.00	0.00
Other Disbursements	500.00	500.00
Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
 (b) Federal Election Activity Paid Entirely With Federal Funds 	0.00	0.0
(c) Total Federal Election Activity (add		
Lines 30(a)(i), 30(a)(ii) and 30(b))►	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	11000.00	4000.0
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	11000.00	4000.00

FE6AN026

L

DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/Operating Ex- penditures			
3. Total Contributions (other than loans) (from Line 11(d), page 3)	9408.76	18805.93	
 Total Contribution Refunds (from Line 28(d)) 	0.00	0.00	
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9408.76	18805.93	
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))►	0.00	0.00	
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00	
3. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00	

:97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`+H9A=N5 H=CB

Form/Schedule: F3XN Transaction ID :

Please note that the PAC is aware that we follow an alternate method of itemizing payroll receipts rather than the suggested manner of disclosing a single total for the reporting period along with the amount deducted per pay period. Because the amounts collected per pay period may change often during the time covered by a single report, we find that reporting individual deductions separately more accurately discloses how the receipts are collected.

Form/Schedule: Transaction ID:

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

PAGE 7 OF

			Detailed Summary Page		11a 13	\vdash	11b 14	11c	12		17			
	y information copied from such Reports and S for commercial purposes, other than using the				or the		pose of	soliciting	g contr	ibutio	ons			
<u> </u>	NAME OF COMMITTEE (In Full)													
\rangle	Skilled Healthcare Group Inc. F	Political Ad	ction Committee											
Α.	Full Name (Last, First, Middle Initial) Della Alexander				Date of	f Re	eceipt	-	_	_				
	Mailing Address 27442 Portola Pkwy #200				м м 05	/	04	/ Y	y 2012		Y			
	City	State	Zip Code	Transaction ID : A2012-925113										
	Foothill Ranch	CA	92610	A	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С				_	,	. ,		25.0	00			
	Name of Employer	Occupation												
	Skilled Healthcare Group Inc. Receipt For:	-		_										
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00]										
В.	Full Name (Last, First, Middle Initial) Michael Boxer				Date of	f Re	eceipt							
	Mailing Address 29 Ball Mill Place				04 13 2012									
	City	State GA	Zip Code 30350		Trans	acti	ion ID :	A2012-1	06615	6				
	Atlanta	A	moun	t of	Each R	eceipt th	nis Per	iod						
	FEC ID number of contributing federal political committee.	ů – L								250.0	00			
	Name of Employer Skilled Healthcare LLC	Occupation Director												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1250.00]										
с.	Full Name (Last, First, Middle Initial) William A Crommett				Date of	f Re	eceipt							
	Mailing Address 27442 Portola Pkwy #200				м м 04	/	06	/ Y	2012		Y			
	City Foothill Ranch	State CA	Zip Code 92610					A2012-9 eceipt th						
	FEC ID number of contributing federal political committee.	С								40.0	00			
	Name of Employer	Occupation												
	Skilled Healthcare LLC	CIOSVP IT												
	Receipt For:	Aggregate	Year-to-Date ▼											
	Other (specify)		280.00											
-	UBTOTAL of Receipts This Page (optional)				_	-	y .	5	13	15.0	0			
T	OTAL This Period (last page this line number	only)	······)	<u>ا</u> ۱		1.0	7		-		-			

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

PAGE 8 OF

			Detailed Summary Page		11a 13		11b 14	11c	12	17			
	y information copied from such Reports and S for commercial purposes, other than using the				for the	purp	ose of	soliciting	g contribu	itions			
	NAME OF COMMITTEE (In Full) Skilled Healthcare Group Inc. P												
A.	Full Name (Last, First, Middle Initial) William A Crommett				Date of	f Red	ceipt						
	Mailing Address 27442 Portola Pkwy #200				04	/	20) / Y	2012	Y			
	City Foothill Ranch	State CA	Zip Code 92610	Transaction ID : A2012-924981 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С					7		40	0.00			
	Name of Employer Skilled Healthcare LLC	Occupation CIOSVP IT											
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 320.00]									
в.	Full Name (Last, First, Middle Initial) William A Crommett				Date of	f Red	ceipt						
	Mailing Address 27442 Portola Pkwy #200				05 04 2012								
	City Foothill Ranch	State CA	Zip Code 92610					A2012-9	25050 nis Period				
	FEC ID number of contributing federal political committee.		40.00										
	Name of Employer Skilled Healthcare LLC	Occupation CIOSVP IT											
	Receipt For: Primary General Other (specify) ▼]											
C.	Full Name (Last, First, Middle Initial) Huong Dang				Date of	f Red	ceipt						
	Mailing Address 2909 West Willits				04	1	06) / Y	2012	Y			
	City Santa Ana	State CA	Zip Code 92704					A2012-9 leceipt th	24888 his Period				
	FEC ID number of contributing federal political committee.	С					,			0.00			
	Name of Employer	Occupation											
	Skilled Healthcare LLC Receipt For:	VP Internal	Audit										
	Primary General	Aggregate	Year-to-Date ▼										
	Other (specify)		210.00	4									
s	UBTOTAL of Receipts This Page (optional)			▶ ►			y		110	.00			
т	OTAL This Period (last page this line number	only)			L		7						

FOR LINE NUMBER:

(check only one)

PAGE 9 OF

TEMIZED RECEIPTS	for each category of							
	Detailed Summary	Page 13 14 15 16 17						
or for commercial purposes, other than using		by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) Skilled Healthcare Group Inc.	Political Action Committee	!						
Full Name (Last, First, Middle Initial) A. Huong Dang		Date of Receipt						
Mailing Address 2909 West Willits		M M / D D / Y						
City Santa Ana	State Zip Code CA 92704	Transaction ID : A2012-924990						
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 30.00						
Name of Employer Skilled Healthcare LLC	Occupation VP Internal Audit							
Receipt For: Primary General Other (specify) ▼	leceipt For: Primary General Aggregate Year-to-Date ▼							
Full Name (Last, First, Middle Initial) B. Huong Dang	Huong Dang							
Mailing Address 2909 West Willits		05 04 2012						
City Santa Ana	StateZip CodeCA92704	Transaction ID : A2012-925059 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.								
Name of Employer Skilled Healthcare LLC	Occupation VP Internal Audit							
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	270.00						
Full Name (Last, First, Middle Initial) C. Robert Fancy		Date of Receipt						
Mailing Address 27442 Portola Parkway		05 04 _2012 _						
City Foothill Rnach	StateZip CodeCA96210	Transaction ID : A2012-925063 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	25.00						
Name of Employer	Name of Employer Occupation							
Skilled Healthcare LLC	VP Risk Management							
Receipt For: Primary General Other (specify) ▼	Primary General General							
SUBTOTAL of Receipts This Page (optional)								
TOTAL This Period (last page this line numb								

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 10 OF

	for each category of Detailed Summary Pa		X 11a 13	11b 14	11c	12 16	17						
Any information copied from such Reports and s or for commercial purposes, other than using th													
NAME OF COMMITTEE (In Full) Skilled Healthcare Group Inc. F	Political A	ction Committee											
Full Name (Last, First, Middle Initial) A. Christopher Felfe				Date of	Receipt								
Mailing Address 27442 Portola Pkwy #200	State	Zip Code		05 04 / Y Y Y Y Y 05 04									
Foothill Ranch	CA	92610		Transaction ID : A2012-925055 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С						2!	5.00					
Name of Employer Skilled Healthcare LLC	Occupation CAO	n											
Receipt For:	Aggregate	e Year-to-Date ▼											
Other (specify)		22	5.00										
Full Name (Last, First, Middle Initial) B. Boyd W Hendrickson				Date of	Receipt								
Mailing Address 27442 Portola Pkwy #200	7442 Portola Pkwy #200							Y					
City Foothill Ranch	State CA	Zip Code 92610		Transa									
FEC ID number of contributing federal political committee.	C	92010		Amount of Each Receipt this Period									
Name of Employer Skilled Healthcare LLC	Occupation CEO	n											
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1400	0.00										
Full Name (Last, First, Middle Initial) C. Boyd W Hendrickson				Date of	Receipt								
Mailing Address 27442 Portola Pkwy #200				м м 04	20		2012	Y					
City Foothill Ranch	State CA	Zip Code 92610			action ID of Each			1					
FEC ID number of contributing federal political committee.	С							0.00					
Name of Employer	Occupation	n											
Skilled Healthcare LLC Receipt For:	CEO												
Primary General Other (specify)	Aggregate	• Year-to-Date ▼ 160	0.00										
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number				[. [.	7 1 7 1		425	5.00					

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 11 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X	11a 13		11b 4	11c 15		12 16	17			
	y information copied from such Reports and Sta for commercial purposes, other than using the													
	NAME OF COMMITTEE (In Full) Skilled Healthcare Group Inc. Po	olitical Ac	ction Committee											
Α.	Full Name (Last, First, Middle Initial) Boyd W Hendrickson Mailing Address 27442 Portola Pkwy #200			[Date of	Rec	eipt	/	V	Ŷ	V			
	City	State	Zip Code		05 04 2012 Transaction ID : A2012-925048									
	Foothill Ranch	CA	92610	A	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С				,			200.00					
	Name of Employer	Occupation	1											
	Skilled Healthcare LLC	CEO												
	Receipt For:	Aggregate	Year-to-Date V											
	Other (specify)		1800.00											
в.	Full Name (Last, First, Middle Initial)				Date of	Rec	eipt							
	Mailing Address 27442 Portola Parkway						05 04 2012							
	City	State	Zip Code		Trans	actio	n ID : /	A2012-9	2506	4				
	Foothill Ranch	CA	96210	/	Amount	of E	ach R	eceipt tl	nis Pe	eriod				
	FEC ID number of contributing federal political committee.	С			25.00									
	Name of Employer	Occupation	1											
	Skilled Healthcare LLC	Associate C	Counsel											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00											
<u>с</u> .	Full Name (Last, First, Middle Initial)				Date of	Rec	eipt							
	Mailing Address 27442 Portola Parkway				м м 04	/	0 06	/ Y	201	ү 2	Y			
	City Foothill Ranch	State CA	Zip Code 92610					A2012- eceipt tl						
	FEC ID number of contributing federal political committee.	С						. ,		192.	31			
	Name of Employer	Occupation	1											
	Skilled Healthcare LLC	President a	ind COO											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Other (specify)													
	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number o			<u> </u>				7		417.3	31			

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

PAGE 12 OF

			Detailed Summary Page		11a 13	\vdash	11b	-	11c	12				
	y information copied from such Reports and St for commercial purposes, other than using the				or the		pose		soliciting	g contrib	outions			
	NAME OF COMMITTEE (In Full) Skilled Healthcare Group Inc. Po			10 30				13 11		T COMM	niee.			
A.	Full Name (Last, First, Middle Initial) Jose Lynch				Date of	f Re	eceip	t						
	Mailing Address 27442 Portola Parkway			04 20 2012										
	City Foothill Ranch	State CA	Zip Code 92610	Transaction ID : A2012-924980 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С					1		,		92.31			
	Name of Employer Skilled Healthcare LLC	Occupation President a												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1538.48											
в.	Full Name (Last, First, Middle Initial) Jose Lynch Mailing Address 27442 Portola Parkway				Date of		D	D	/ Y	Y Y	Y			
	CityStateZip CodeFoothill RanchCA92610						ion II		2012-9 eceipt th		d			
	FEC ID number of contributing federal political committee.	С					7			19	02.31			
	Name of Employer Skilled Healthcare LLC	Occupation President a												
	Receipt For: Primary General Other (specify) ▼	Aggregate												
с.	Full Name (Last, First, Middle Initial) Frederic Maas				Date of	f Re	eceip	t						
	Mailing Address 27442 Portola Pkwy #200				м м 04	/		D 06	/ Y	2012	Y			
	City Foothill Ranch	State CA	Zip Code 92610						A2012-9 eceipt th		d			
	FEC ID number of contributing federal political committee.	С			Anoun		,				38.46			
	Name of Employer	Occupation		-										
	Skilled Healthcare LLC Receipt For:	SVP Directe												
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 269.22											
s	UBTOTAL of Receipts This Page (optional)			- 			7			42	3.08			
т	OTAL This Period (last page this line number o	only)	••••••				7							

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 13 OF

	ZED RECEIPTS		for each category of the Detailed Summary Page		< 11a 13	11b 14	11c	12 16	17		
or for co	ormation copied from such Reports and St. ommercial purposes, other than using the										
	IE OF COMMITTEE (In Full) Iled Healthcare Group Inc. Po	olitical Ad	ction Committee								
	Name (Last, First, Middle Initial) ederic Maas				Date of	Receipt					
	ng Address 27442 Portola Pkwy #200				м м 04	20		у у 2012	Y		
City Foot	thill Ranch	State CA	Zip Code 92610	-		action ID of Each			d		
	ID number of contributing ral political committee.	С				,	,		8.46		
Skille	e of Employer ed Healthcare LLC	Occupation SVP Direct									
Rece	eipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 307.68]							
	Name (Last, First, Middle Initial) ederic Maas				Date of	Receipt					
	ng Address 27442 Portola Pkwy #200				05 04 / Y Y Y Y Y 05 04						
City Foot	hill Ranch	State CA	Zip Code 92610			action ID of Each			d		
	ID number of contributing ral political committee.	С			3	8.46					
	e of Employer ed Healthcare LLC	Occupation SVP Directo									
Rece	eipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 346.14]							
	Name (Last, First, Middle Initial) n Monks				Date of	Receipt					
	ng Address 27442 Portola Pkwy #200				м м 04	/ D		у у 2012	Y		
City Foot	thill Ranch	State CA	Zip Code 92610			action ID of Each			d		
	ID number of contributing ral political committee.	С						10	00.00		
Nam	e of Employer	Occupation	1								
	ed Healthcare Group Inc.	Administrat	or Year-to-Date ▼								
	Primary General Other (specify) v	1									
SUBTO	DTAL of Receipts This Page (optional)			<u> </u>				17	6.92		
TOTAL	This Period (last page this line number o	only)		•		, ,					

FOR LINE NUMBER:

(check only one)

PAGE 14 OF

	EMIZED RECEIPIS		Detailed Summary P		X 11a	11	b	11c		12	
			_ called callinary f		13	14	t [15		16	17
Ar or	ny information copied from such Reports and S for commercial purposes, other than using the	Statements mage name and a	ay not be sold or used be ddress of any political c	oy any perso committee to	n for the solicit cor	purpos ntributi	se of ons fi	soliciting rom such	con cor	ntribut mmitte	ions ee.
\setminus	NAME OF COMMITTEE (In Full) Skilled Healthcare Group Inc. P	Olitical Ac	tion Committee								
	Skilled Healthcare Group Inc. 1										
Α.					Date of	Rece	ipt				
	Mailing Address 27442 Portola Pkwy #200				м м 04	/	0 D	/ Y) 12	Y
	City	State	Zip Code			action		A2012-9			
	Foothill Ranch	CA	92610		Amount	of Ea	ch R	eceipt th	is Pe	eriod	
	FEC ID number of contributing federal political committee.	С]		,			_	100.	00
	Name of Employer	Occupation									
	Skilled Healthcare Group Inc.	Administrate	or								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify)		90	0.00							
в.	Full Name (Last, First, Middle Initial) Jon Monks				Date of	Rece	ipt				
	Mailing Address 27442 Portola Pkwy #200				05	/	D D D 11	/ Y	20 ⁻	ү 12	Y
	City	State	Zip Code		Trans	action	ID : /	A2012-10	0660	182	
	Foothill Ranch	CA	92610		Amount	of Ea	ch R	eceipt th	is Pe	eriod	
	FEC ID number of contributing federal political committee.	С						- 7	_	100.	00
	Name of Employer Skilled Healthcare Group Inc.	Occupation Administrate									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 100	0.00							
<u>с</u> .	Full Name (Last, First, Middle Initial) D. Shane Peck				Date of	Rece	ipt				
	Mailing Address 27442 Portola Pkwy #200				м м 04	1	13	/ Y	ү 20	ү 12	Y
	City	State	Zip Code	_	Trans	action	ID :	A2012-9	2514	16	
	Foothill Ranch	CA	92610		Amount	of Ea	ch R	eceipt th	is Pe	eriod	
	FEC ID number of contributing federal political committee.	С							_	100.	00
	Name of Employer	Occupation									
	Skilled Healthcare Group Inc.	Pres Signat	ture Homecare Hospic								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General		00	0.00							
	Other (specify)			0.00							
s	UBTOTAL of Receipts This Page (optional)			····· >		7		- 7	-	300.(00
Т	OTAL This Period (last page this line number	only)		······ ►							

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

PAGE 15 OF

			Detailed Summary Page		11a 13		11b 14	11c 15	12 16	17
	y information copied from such Reports and St for commercial purposes, other than using the									
\rangle	NAME OF COMMITTEE (In Full) Skilled Healthcare Group Inc. Po	olitical Ad	ction Committee							
Α.	Full Name (Last, First, Middle Initial) D. Shane Peck Mailing Address 27442 Portola Pkwy #200			C	Date of		ceipt		vv	V
			7.0.1	41	04		27		2012	
	City Foothill Ranch	State CA	Zip Code 92610					A2012-9 Receipt th		d
	FEC ID number of contributing federal political committee.	С					,	7		0.00
	Name of Employer	Occupation								
	Skilled Healthcare Group Inc. Receipt For:		ture Homecare Hospic	_						
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 900.00							
B	Full Name (Last, First, Middle Initial)				ate of	Re	ceipt			
	Mailing Address 27442 Portola Pkwy #200				M M 05	/	11		2012	Y
	City Foothill Ranch	State CA	Zip Code 92610					A2012-1		d
	FEC ID number of contributing federal political committee.	C			inouni			Receipt th		0.00
	Name of Employer Skilled Healthcare Group Inc.	Occupation Pres Signat	u ure Homecare Hospic							
	Receipt For: Primary General Other (specify) ▼	, v	Year-to-Date ▼ 1000.00							
c.	Full Name (Last, First, Middle Initial)				Date of	Re	ceipt			
	Mailing Address 45 Copper Creek				м м 04	/	13		2012	Y
	City Irvine	State CA	Zip Code 92603					A2012-1		
	FEC ID number of contributing federal political committee.	C		A	imount	tof	Each F	Receipt th		d i0.00
	Name of Employer	Occupation	1	_						
	Skilled Healthcare LLC	Director								
	Receipt For: Primary General	Aggregate	Year-to-Date ▼							
	Other (specify) ▼		1250.00							
s	UBTOTAL of Receipts This Page (optional)		•••••				7	7	145	0.00
т	OTAL This Period (last page this line number of	only)	••••••				,			

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

PAGE 16 OF

		Detailed Summary Page		11a 13		11b 14	11c 15	12 16	17
Any information copied from such Reports or for commercial purposes, other than us									
NAME OF COMMITTEE (In Full) Skilled Healthcare Group Ir	nc. Political Ad	ction Committee							
Full Name (Last, First, Middle Initial) Roland Rapp Mailing Address 27442 Portola Pkwy #2	00			ate of	_				
		Zin Oada	- L	04		06		2012	Y
City Foothill Ranch	State CA	Zip Code 92610					A2012-9 eceipt th	24880 iis Perioc	1
FEC ID number of contributing federal political committee.	С					,	7	192	2.00
Name of Employer Skilled Healthcare LLC	Occupation General Co								
Receipt For:		Year-to-Date ▼							
Other (specify) ▼		1344.00]						
Full Name (Last, First, Middle Initial) B. Roland Rapp			Da	ate of	Re	ceipt			
Mailing Address 27442 Portola Pkwy #2	00	Zip Code	The second secon	04	/	20	/ Y	y y 2012	Y
City Foothill Ranch					A2012-9				
FEC ID number of contributing federal political committee.	CA	92610		nount	or	tach R	eceipt tr	iis Perioo 192	2.00
Name of Employer Skilled Healthcare LLC	Occupation General Co								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1536.00]						
Full Name (Last, First, Middle Initial) C. Roland Rapp			Da	ate of	Re	ceipt			
Mailing Address 27442 Portola Pkwy #2	00			и м 05	/	04	/ Y	2012	Y
City Foothill Ranch	State CA	Zip Code 92610					A2012-9	25051 iis Period	1
FEC ID number of contributing federal political committee.	C			nount		,			2.00
Name of Employer	Occupation	1							
Skilled Healthcare LLC	General Co	ounsel/CAO							
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify)		1728.00							
SUBTOTAL of Receipts This Page (option TOTAL This Period (last page this line no				-		,		576	.00

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

PAGE 17 OF

			Detailed Summary Page		< 11a 13		11b 14	11c 15	12 16	17
	y information copied from such Reports and S for commercial purposes, other than using the									
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Skilled Healthcare Group Inc. P	olitical Ad	ction Committee							
Α.	Full Name (Last, First, Middle Initial) Linda Rosenstock Mailing Address 27442 Portola Parkway				Date of		ceipt		Y Y	V
					04	Ĺ	13		2012	
	City Foothill Ranch	State CA	Zip Code 92610					A2012-1		
		UA	32010	_	Amount	t of	Each R	leceipt th	is Period	
	FEC ID number of contributing federal political committee.	C					y	 J	1000).00
	Name of Employer	Occupation								
	UCLA	Dean		_						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00							
в.	Full Name (Last, First, Middle Initial) Glenn S Schafer				Date of	Re	ceipt			
	Mailing Address 29 Fresco				04	/	13	/ Y	y y 2012	Y
	City	State	Zip Code		Trans	acti	on ID :	A2012-1	066197	
	Irving	CA	92603	_	Amount	t of	Each R	leceipt th	is Period	
	FEC ID number of contributing federal political committee.	С					,	,	1250	.00
	Name of Employer Skilled Healthcare LLC	Occupation Director								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1250.00							
c.	Full Name (Last, First, Middle Initial) Kelly Smith				Date of	Re	ceipt			
	Mailing Address 27442 Portola Pkwy #200				05	/	04) / Y	үүү 2012	Y
	City Foothill Ranch	State CA	Zip Code 92610					A2012-9		
			92010	_	Amount	t of	Each R	leceipt th	is Period	
	FEC ID number of contributing federal political committee.	C					,	 J	25	5.00
	Name of Employer	Occupation								
	Skilled Healthcare LLC	Area Presic	lent							
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	_						
	Other (specify) ▼		, 225.00							
	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number o			• -			7		2275	.00

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

PAGE 18 OF

			Detailed Summary Page		11a 13		11k		11c		12 16	17			
Ar or	ny information copied from such Reports and S for commercial purposes, other than using the	tatements ma name and a	ay not be sold or used by any po ddress of any political committee	erson f e to sol	or the	pur ntrib	pose	e of : ns fr	soliciting	g con	ntributi	ons			
	NAME OF COMMITTEE (In Full) Skilled Healthcare Group Inc. P	olitical Ac	ction Committee												
A .	Full Name (Last, First, Middle Initial) Peter Stong Mailing Address 27442 Portola Pkwy #200				Date o			D	/ Y		Y	Y			
	City Foothill Ranch	State CA	Zip Code 92610						A2012-9 eceipt th		88				
	FEC ID number of contributing federal political committee.	С					7			_	35.0	00			
	Name of Employer Skilled Healthcare LLC Receipt For:	Occupation VPO													
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 245.00												
в.	Full Name (Last, First, Middle Initial) Peter Stong Mailing Address State Days 1 Diverses				Date o										
	Mailing Address 27442 Portola Pkwy #200	State	Zip Code		04 Trans		L	20 20	\ 2012-Q	201		Y			
	Foothill Ranch	CA	92610	4	Transaction ID : A2012-925040 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С					3			_	35.0	00			
	Name of Employer Skilled Healthcare LLC	Occupation VPO													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 280.00												
с.	Full Name (Last, First, Middle Initial) Peter Stong			[Date o	f Re	eceip	ot							
	Mailing Address 27442 Portola Pkwy #200				м м 05	/	D	04	/ Y	201	ү 12	Y			
	City Foothill Ranch	State CA	Zip Code 92610	<i>F</i>					A2012-9 eceipt th						
	FEC ID number of contributing federal political committee.	С					7		- 7	_	35.	00			
	Name of Employer	Occupation													
	Skilled Healthcare LLC	VPO													
	Receipt For:	Aggregate	Year-to-Date 🔻												
	Other (specify)		315.00												
F	UBTOTAL of Receipts This Page (optional)		· · · · · · · · · · · · · · · · · · ·				3		- 7	-	105.0	00			
L '	eo i onoa (laot pago ano inte namber	····		-						diam'ne a state					

FOR LINE NUMBER:

(check only one)

PAGE 19 OF

TEMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13		11b	11c	12	17					
Any information copied from such Reports or for commercial purposes, other than usin				or the		pose of s	soliciting	g contrib	utions					
NAME OF COMMITTEE (In Full) Skilled Healthcare Group In	c. Political Ac	tion Committee												
Full Name (Last, First, Middle Initial) A. Laurie Thomas Mailing Address 3106 Montana del Sol				Date o										
City	State	Zip Code		м м 04		13		2012	Ŷ					
San Clemente	CA	92673						his Period	4					
FEC ID number of contributing federal political committee.	С			anoun			,		2.00					
Name of Employer Skilled Healthcare Group Inc.	Occupation COO													
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 960.00]											
Full Name (Last, First, Middle Initial) B. Laurie Thomas				Date o	f Re	ceipt								
Mailing Address 3106 Montana del Sol				м м 04	/	D D D 27	/ Y	2012	Y					
City San Clemente	State CA	Zip Code 92673	<i>F</i>	Transaction ID : A2012-924978 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C					7	7	19	2.00					
Name of Employer Skilled Healthcare Group Inc.	Occupation COO													
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1152.00												
Full Name (Last, First, Middle Initial) C. Laurie Thomas				Date o	f Re	ceipt								
Mailing Address 3106 Montana del Sol				м м 05	1	D D 11	/ Y	y y 2012	Y					
City San Clemente	State CA	Zip Code 92673	<i>F</i>			ion ID : A Each Re		1066086 his Period	d					
FEC ID number of contributing federal political committee.	С					5	- 7	19	2.00					
Name of Employer	Occupation		_											
Skilled Healthcare Group Inc.	coo													
Receipt For:	Aggregate	Year-to-Date ▼												
Other (specify)		1344.00]											
SUBTOTAL of Receipts This Page (option	nal)							576	6.00					
TOTAL This Period (last page this line nu	mber only)					7		8234	4.31					

S	CHEDULE B (FEC Form 3X)				<u>ר</u>	11		JMBER:				PA	GF	20	OF 2	2	
	EMIZED DISBURSEMENTS					ck c	nly one)										
					┝	21		22 	×	23 28b		24 28c		25 29		26 30b	
	ny information copied from such Reports and Stater for commercial purposes, other than using the nam					уре	erson	for the		ose d		licitir		ontribu	itions		
\square	NAME OF COMMITTEE (In Full)																
	Skilled Healthcare Group Inc. Polit	ical Act	ion Committe	ee													
Α.	Full Name (Last, First, Middle Initial) Brian Bilbray for Congress							Date of	f Dis	burse	men	t					
	Mailing Address 991C Lomas Santa Fe Drive #192							04	/	1				012	Y		
	Solana Beach	State CA	Zip Code 92075					Trans	acti	on ID	: B3	9144	40				
	Purpose of Disbursement Contribution			C)11			Amoun	t of	Each	Disb	urse	men	t this	Period		
	Candidate Name Brian P Bilbray			Cate T	ego ype					,		7		-100	0.00		
	Senate X President	ment For: Primary Other (spe	General					Voided:	Orig	jinal c	heck	date	ed 08	3/29/2	011		
В.	State: CA District: 50 Full Name (Last, First, Middle Initial) Wilson for Senate							Date of	f Dis	burse	men	t					
	Mailing Address P.O. Box 10248							05 15 2012									
	Albuquerque	State NM	Zip Code 87184					Trans	sacti	on ID	: B4	108	31				
	Purpose of Disbursement Contribution			C)11			Amoun	t of	Each	Disb	urse	men	t this	Period		
	Candidate Name Heather Wilson			Cate T	ego ype									500	0.00		
	Office Sought: House Disburser	ment For: Primary Other (spe	General)	-				,		,					
с.	Full Name (Last, First, Middle Initial)							Date of	f Dis	burse	men	t					
	Mailing Address 426 C Street NE							04	/	D 1	D 3	1		012	Y		
	City Stashington	State DC	Zip Code 20002					Trans	acti	on ID	: B4	0867	77				
	Purpose of Disbursement Contribution			0)11			Amoun	t of	Each	Disb	urse	men	t this	Period		
	Candidate Name Charles E Schumer			Cate T	ego ype					,		,		100	0.00		
	Office Sought: House Disburser X Senate President State: NY District:	ment For: Primary Other (spe	General														
s	UBTOTAL of Disbursements This Page (optional)						•			7				5000	0.00]	
Г	OTAL This Period (last page this line number only))					•			,		7					

SCHEDULE B (FEC	Use separate schedule(s) (check only								E NUMBER: PAGE 21 OF 22										
ITEMIZED DISBURSE	EMENTS	for each	category of the	(C	hec	k only 21b	one)		23	24		25	26						
		Detailed	Summary Page			210	22 28a	•••	23 28b	24 28c		25 29	30b						
Any information copied from su or for commercial purposes, oth	her than using the nam																		
NAME OF COMMITTEE (In			. .																
Full Name (Last, First, Middl	•	ical Acti	on Committe	e															
_	Friends of John Boehner								Date of Disbursement										
Mailing Address 7908 Cincinnati Dayton Rd Suite I							04 30 2012												
City West Chester	est Chester OH 45069						Transaction ID : B409757												
Purpose of Disbursement Contribution				C	011		Amount	t of E	ach I	Disburse	ement	this F	Period						
Candidate Name John A Boehner				Cat T	egor ype			,				5000	.00						
Office Sought: X Hous Sena Presi	ite	nent For: Primary Other (spe	X General																
State: OH District: Full Name (Last, First, Middl	08																		
B. Castro for Congres							Date of	f Disb	ourser	_	v	Y	V						
Mailing Address PO Box 54							04 04 2012												
City San Antonio	Ş	State TX	Zip Code 78292				Trans	actio	on ID	: B4082	37								
Purpose of Disbursement Contribution				(011		Amount	t of E	ach I	Disburse	ement	this F	Period						
Candidate Name Joaquin Castro				Cat	egor ype							500	.00						
Office Sought: K Hous Sena Presi	te	nent For: Primary Other (spe	X General		ype														
State: TX District:	20																		
Full Name (Last, First, Middl	e initial)						Date of	f Disb	ourser		YY		Y.						
Mailing Address							M M	,			T = T		Ť						
City	Ę	State	Zip Code																
Purpose of Disbursement							A		· h. I	D iala		Albia E							
Candidate Name				Cat T	egor ype		Amoun		acn i	Disburse	ement	tnis f	eriod						
Office Sought: Hous Sena	ite	nent For: Primary Other (spe	General cify) ▼					,											
State: District:																			
SUBTOTAL of Disbursements	This Page (optional)							,		,		5500.	00						
TOTAL This Period (last page	this line number only)										1	0500.	00						

I

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 22 OF 22				
ITEMIZED DISBURSEMENTS							
	Detailed Summary Page	21b 27	22 23 24 25 26 28a 28b 28c X 29 30b				
Any information copied from such Reports and Staten or for commercial purposes, other than using the name			on for the purpose of soliciting contributions				
NAME OF COMMITTEE (In Full)							
Skilled Healthcare Group Inc. Politi	ical Action Committe	e					
Full Name (Last, First, Middle Initial)			Date of Disbursement				
A. Jim Pitts Campaign							
Mailing Address P.O. Box 561			05 07 2012				
Waxahachie	State Zip Code TX 75168		Transaction ID : B410216				
Purpose of Disbursement P-2012 State House 10 TX		011	Amount of Each Disbursement this Period				
Candidate Name		Category/	500.00				
Jim Pitts Office Sought: House Disburser	nent For: 2012	Туре					
Senate X President	Primary General Other (specify)						
State: District: Full Name (Last, First, Middle Initial)							
B.			Date of Disbursement				
Mailing Address			M M / D D / Y Y Y Y Y				
City	State Zip Code						
Purpose of Disbursement							
Candidate Name			Amount of Each Disbursement this Period				
		Category/ Type					
	Primary General						
State: District:	Other (specify) ▼						
Full Name (Last, First, Middle Initial)			Data of Distances and				
C.			Date of Disbursement				
Mailing Address							
City	State Zip Code						
Purpose of Disbursement							
Candidate Name		Category/ Type	Amount of Each Disbursement this Period				
	nent For: Primary General Other (specify) V						
State: District:							
SUBTOTAL of Disbursements This Page (optional)		•••••	500.00				
TOTAL This Period (last page this line number only)		••••••	500.00				